Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Lilly Green	M M / D D / Y Y Y Y
Mailing Address 205 Medallion Circle	11 13 2014 Amount
City State Zip Code	20.00
Shreveport LA 71119	Transaction ID: 3d3cc417-a334-4719-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	11 13 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbut 275249.85  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Lilly Green	11 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle	
	Amount
City State Zip Code	21.00
Shreveport LA 71119	Transaction ID: a52881e5-dd73-42d4-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ O02	11 13 2014
Type Type	11 13 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President X Senate State: LA
Calendar Year-To-Date Disbu	ursement For: Primary X General
Per Election for Office Sought 275249.85 2014	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	41.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
Ms. Emily Buchanan	M / D D / Y T Y T Y
[Electronically Filed] Date 1	
Oignature	

Schedule E)	II EXI END	ITOTILO		PAGE 2 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D D / Y Y Y Y Y
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Amanda Boley			11 11	13 / 2014
Mailing Address Split Oak Drive			Amount	
City	State	Zip Code		47.50
charlotte	NC	28227		ID: 98dd0306-d9fe-4436-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	13 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		275249.85	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Amanda Boley			11 11	13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address Split Oak Drive			Amount	
City	State	Zip Code		16.86
charlotte	NC	28227		D: 6ca1171a-32ed-4966-b oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 11	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	275249.85	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditur	es			64.36
			-	7 -
(b) SUBTOTAL of Unitemized Independent Expendent	itures		·	
(c) TOTAL Independent Expenditures			•	79. 1 75. 1
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 15	2014

Schedule E)	NI EXPEND	ITORES		PAGE 3 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	/ D D / Y D Y D Y
Full Name of Payee Corey S McKnight	,		M = M	blic Distribution/Dissemination
Mailing Address 1510 Bailey St			Amount	13 2014
City	State	Zip Code		30.00
West Monroe	LA	71292		on ID : 4c58de05-af59-43c6-a sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	13 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		275249.85	Disbursement For 2014 Other	: Primary X General
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Heather A Smith			11	13 / 2014
Mailing Address 995 Clairborne Rd			Amount	
City	State	Zip Code		33.00
Calhoun	LA	71225		n ID: 25428b02-ec65-406d-a sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 11	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	- T - T - T	275249.85	Disbursement For 2014 Other	r: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures			63.00
(b) SUBTOTAL of Unitemized Independent Expen	ditures			
				7 7 7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	M M / D	
•				

Schedule E)	II EXI END	ITOTIES		PAGE 4 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DIDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pu	ublic Distribution/Dissemination
Heather A Smith			M M M	/ 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 995 Clairborne Rd			Amount	
City	State	Zip Code		21.00
Calhoun	LA	71225		on ID : d6472eab-34ca-47e8-8 sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M = M 11	13 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , ,	275249.85	Disbursement For 2014 Other	r: Primary X General (specify) ▶
Full Name of Payee	_		Date of Po	ublic Distribution/Dissemination
Gregory Green			11	13 / 2014
Mailing Address 2506 Bolch Street			Amount	
City	State	Zip Code		40.00
Shreveport	LA	71104		n ID : ac5a2e5b-0cef-4cec-b isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 11 m	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	275249.85	Disbursement Fo 2014 Other	r:
(a) SUBTOTAL of Itemized Independent Expenditure	es			61.00
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expend	itures		• •	7
(c) TOTAL Independent Expenditures			•	7 1 7 1 5 1
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		5 2014
- 9				

Schedule E)	INT EXPEND	ITORES		PAGE 5 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee Gregory Green	<u> </u>		Date of	Public Distribution/Dissemination
Mailing Address 2506 Bolch Street				11 13 2014
2506 Boich Street			Amoun	t
City	State	Zip Code	TI:	14.10
Shreveport	LA	71104		ction ID: 71c2f7e1-4502-4d9b-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · · · · · · · · · · · · ·	275249.85	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
Full Name of Payee			Date o	f Public Distribution/Dissemination
Alice K Salazar				11 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 605 W Houston St			Amoun	t
City	State	Zip Code		80.00
Marshall	TX	75633		ction ID: b2c2e6af-a6ac-4c4a-b f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		275249.85	Disbursement 2014 Ot	For:
(a) SUBTOTAL of Itemized Independent Expendit	ures			94.10
				<i>-</i>
(b) SUBTOTAL of Unitemized Independent Expen	ditures		·· •	7
(c) TOTAL Independent Expenditures			· •	7 7 7
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 /	15 / 2014

Schedule E)	I EXI END	TOTILO		PAGE 6 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Alice K Salazar				: Distribution/Dissemination
Mailing Address 605 W Houston St			11	13 / 2014
maining reasons 605 W Houston St			Amount	
City	State	Zip Code		50.10
Marshall	TX	75633		D: f26beb8b-578c-49ca-b rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , 2	75249.85	Disbursement For: 2014 Other (sp	Primary ☐ General ecify) ►
Full Name of Payee	<del></del>		Date of Public	Distribution/Dissemination
Michael A Toomey			M M M /	13 2014
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount	
City	State	Zip Code		35.00
Monroe	LA	71212		0: 1052b76f-198f-4ddf-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	275249.85	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expenditure	9S			85.10
(b) SUBTOTAL of Uniternized Independent Expendit	ures			
			7	4 4
(c) TOTAL Independent Expenditures			•	49.
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 15	2014
Jigitata 0				

Schedule E)	INT EXILIND	ITOTILO		PAGE 7 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Michael A Toomey			M = M	c Distribution/Dissemination
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount	13 2014
City	State	Zip Code		7.20
Monroe	LA	71212		ID: 8a1afaff-805a-4d5a-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 11	13 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		275249.85	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Tammay Williams			M M M 11	13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 924 N. Prieur St			Amount	
City	State	Zip Code		70.00
New Orleans	LA	70116		D: 28ae825c-1d8e-4702-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President [	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	275249.85	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		·	77.20
(b) SUBTOTAL of Unitemized Independent Exper	ditures		. •	
			4	4-1-4-1-
(c) TOTAL Independent Expenditures			· •	4
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or in	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 15	2014
Signataro				

Schedule E)		1101120		PAGE 8 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				0 00000100
Check if 24-hour report 48-hour report	New repo	oort Amends repo	ort filed on	M / D D / Y = Y = Y
Full Name of Payee Tammay Williams			М	of Public Distribution/Dissemination
Mailing Address 924 N. Prieur St			Amour	11 13 2014
07.	01-10	7:- 0-40		15.00
City New Orleans	State LA	Zip Code 70116		15.00 action ID : 799b9771-3b43-49a1-9
Purpose of Expenditure Mileage		Category/ Type 002		of Disbursement or Obligation
Name of Federal Candidate		Support	Office Sought	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	2	275249.85	Disbursement 2014 Ot	t For: Primary X General
Full Name of Payee Antoinette Franklin				of Public Distribution/Dissemination
Marillian Addus as				11 13 2014
Mailing Address 8822 Apple St			Amou	nt
City	State	Zip Code		50.00
New Orleans	LA	70188		ction ID : ea9ecbc4-a24a-461c-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 13 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	ent X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		275249.85	Disbursement 2014 Or	t For:
(a) SUBTOTAL of Itemized Independent Expenditure				65.00
(a) SUBTUTAL OF HEIRIZED INDEPENDENT EXPENDITURE	S		· L.	65.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ures			7 7 7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M / /	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_		

Sc	hedule E)	1101			PAGE 9 OF 42 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if X 24-hour report 48-hour report New	v rep	ort Amends repor	rt filed on	M = M / D = D / Y = Y = Y
Т	Full Name of Payee	—		Da	ate of Public Distribution/Dissemination
	Antoinette Franklin				11 13 2014
	Mailing Address 8822 Apple St			Ar	mount
ŀ	City State		Zip Code		12.00
	New Orleans LA		70188		ransaction ID : a436bee8-f26f-468d-b ate of Disbursement or Obligation
	Purpose of Expenditure Mileage	_	Category/ Type 002		M 1M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate		Support	Office So	ought: House District: 00
	Ms. Mary L Landrieu		X Oppose		esident X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	2	275249.85	Disburser 2014	ment For:  Primary
ſ	Full Name of Payee Patricia F Arnold			Da	ate of Public Distribution/Dissemination
-					11 13 2014
	Mailing Address 1117 Clipper Dr			Aı	mount
ŀ	City State		Zip Code		25.00
	Slidell LA		70458		ansaction ID : 76ca90d8-5d2f-473e-9 late of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ī	Name of Federal Candidate		Support	Office So	ought: House District: 00
	Ms. Mary L Landrieu		Oppose	Pre	esident Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		275249.85	Disburse 2014	ement For: Primary General  Other (specify)
,	(a) SUBTOTAL of Itemized Independent Expenditures				27.00
'	a) SUBTUTAL OF REITIZED THOSPERIDENT Experiorationes			• -	37.00
(	(b) SUBTOTAL of Unitemized Independent Expenditures			•	4 4
(	(c) TOTAL Independent Expenditures			•	
٧	Under penalty of perjury I certify that the independent expendit with, or at the request or suggestion of, any candidate or authoratry committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Ele	etron?	ically Filed] Date	M M M	15 2014
	Signature		_		

Schedule E)				PAGE 10 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		= M / D = D / Y = Y = Y
Full Name of Payee Patricia F Arnold				of Public Distribution/Dissemination
Mailing Address 1117 Clipper Dr			Amou	11 13 2014 nt
City	State	Zip Code		3.66
Slidell	LA	70458		action ID : da0c8e00-0190-4607-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	TV	11 13 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	2	275249.85	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
Full Name of Payee			Date	of Public Distribution/Dissemination
Felicia A Jones			T.	11 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4106 Martha St			Amou	nt
City	State	Zip Code		80.00
Shreveport	LA	71109		oction ID: 2f466dc0-711a-426c-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 / 13 / 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, ,	275249.85	Disbursemer 2014 C	nt For:
(a) SUBTOTAL of Itemized Independent Expenditure	S			83.66
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		•	
(c) TOTAL Independent Expenditures			· •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 /	15 / 2014

				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour repo	ort New repo	ort Amends rep	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Felicia A Jones				11 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4106 Martha St			Amou	unt
City	State	Zip Code	— F	11.10
Shreveport	LA	71109		saction ID : f8293aa5-ab0c-4777-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 13 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Mary L Landrieu		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	2	75249.85	Disbursemer 2014	nt For:
Full Name of Payee Heather Ainsworth				of Public Distribution/Dissemination
				11 13 2014
Mailing Address 9685 Paula St			Amou	unt
City	State	Zip Code	$ \Gamma$	80.00
Keithville	LA	71047		action ID: 6d0d899d-1d0c-41d7-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 13 2014
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Ms. Mary L Landrieu		X Oppose	Presid	dent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		275249.85	Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expe	enditures		<b>.</b>	91.10
(b) SUBTOTAL of Unitemized Independent E	xpenditures		··· <b>&gt;</b>	171171171
(c) TOTAL Independent Expenditures			··· •	141141141
Under penalty of perjury I certify that the ind with, or at the request or suggestion of, any oparty committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Dat	e 11	15 2014
Signature	-			

PAGE

OF

Schedule	E)	W = M = M = M = M = M = M = M = M = M =	1101120		PAGE 12 OF 42 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
Check if $\sum$	24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y B Y B Y B Y
Full Nar Heat	ne of Payee her Ainsworth				of Public Distribution/Dissemination
Mailing	Address 9685 Paula St			— L	11 13 2014
	ooo i dad ot			Amou	nt
City		State	Zip Code		19.50
Keithvil		LA	71047		action ID : 55c84915-b138-4f76-8 of Disbursement or Obligation
Purpose Mileage	e of Expenditure e		Category/ Type 002		11 13 / 2014
Name o	f Federal Candidate		Support	Office Sough	t: House District:00
Ms. Ma	ry L Landrieu		X Oppose	Preside	
	lendar Year-To-Date r Election for Office Sought	2	275249.85	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
	me of Payee			Date	of Public Distribution/Dissemination
Cath	y Longtin				144 / D D / Y Y Y Y Y
Mailing	Address 827 Navavre Ave			<u> </u>	11 13 2014
1116	Address 827 Navavre Ave			Amou	nt
City		State	Zip Code		30.00
New O		LA	70124		oction ID: 1780e575-f8ce-4016-a of Disbursement or Obligation
Purpose Salary	e of Expenditure		Category/ Type 001		11 13 / 2014
Name o	f Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Ma	ry L Landrieu		X Oppose	Presid	ent State: LA
	lendar Year-To-Date r Election for Office Sought	, , ,	275249.85	Disbursemer 2014	other (specify) ►
(a) SUB	TOTAL of Itemized Independent Expenditu	ıres		•	49.50
(b) SUB	TOTAL of Unitemized Independent Expendent	ditures			
(c) TOTA	AL Independent Expenditures			•	7
with, or a	enalty of perjury I certify that the independ at the request or suggestion of, any candio nmittee) any political party committee or it	date or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	M M /	15 2014
Signa	ture				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends repo	rt filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Cathy Longtin	11 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 827 Navavre Ave	Amount
City State Zip Code	4.80
New Orleans LA 70124	Transaction ID : 3e05f818-6557-4bf4-8  Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	11 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 275249.85	Disbursement For: Primary
Full Name of Payee Gary W Fuhrmann  Mailing Address 9425 Jessica Drive	Date of Public Distribution/Dissemination  11
City State Zip Code	50.00
Shreveport LA 71106	Transaction ID : 409b2e94-f9ec-4c92-a
Purpose of Expenditure Salary  Category/ Type  001	Date of Disbursement or Obligation
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 275249.85	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	54.80
(b) SUBTOTAL of Unitemized Independent Expenditures	•
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent o party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	11 15 2014
Signature	

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OF

Schedule E)	INI EXI END	ITOTILO		PAGE 14 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D   D / Y   Y   Y   Y
Full Name of Payee Gary W Fuhrmann			Date of Public	Distribution/Dissemination
Mailing Address 9425 Jessica Drive			11	13 2014
			Amount	
City	State	Zip Code		10.80
Shreveport	LA	71106		D: 9a1c0b3b-d824-4246-9 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	;	275249.85	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Francesca Blom			11 /	13 / 2014
Mailing Address 101 Asbury Ct			Amount	
City	State	Zip Code		97.50
Winchester	VA	22602		<b>D: 94f92995-0525-47df-b</b> ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	275249.85	Disbursement For: 2014 Other (sp	Primary X General Decify) ►
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			108.30
(b) SUBTOTAL of Unitemized Independent Expen-	ditures			
(a) actionized independent Expense			-	1 1 1/2 1 1 1/2 1
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 15	2014
Olgitature				

Schedule E)	TI EXI END	ITOTILO	<b>⊢</b>	PAGE 15 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Zachary Vidrine			Date of Public	Distribution/Dissemination
Mailing Address 202 Rue Des Cajun			11	13 2014
			Amount	
City	State	Zip Code		50.00
Ville Platte	LA	70586		9: 55d28335-b9c7-408a-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	275249.85	Disbursement For: [2014 Other (spe	Primary
Full Name of Payee	_		Date of Public	Distribution/Dissemination
Zachary Vidrine			M = M /	13 2014
Mailing Address 202 Rue Des Cajun			Amount	
City	State	Zip Code		19.20
Ville Platte	LA	70586		: d2f4ce59-b68f-49e0-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	275249.85	Disbursement For: 2014 Other (spe	Primary ☐ General
(a) SUBTOTAL of Itemized Independent Expenditure	es		· · · ·	69.20
(b) SUBTOTAL of Unitemized Independent Expend	ituras			
(b) 300101AL of Officernized independent Expend			<b>•</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	AP. 1 AP. 1
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 15	2014

Schedule E)	PAGE 16 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee Christopher L Gilbert	Date of Public Distribution/Dissemination
Mailing Address 55 Lovell Johnson Rd	11 13 2014 Amount
City State Zip Code	60.00
Picayune MS 39466	Transaction ID: 8f48853a-979e-4e88-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	11 13 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Me Morel Lendriou	President State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbur 275249.85  Disbur 2014	rsement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Christopher L Gilbert	11 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 55 Lovell Johnson Rd	Amount
City State Zip Code	42.60
Purpose of Expanditure	Transaction ID: 7b9078ee-6695-4925-9 Date of Disbursement or Obligation
Mileage Category/ Type 002	11 13 / 2014
Name of Federal Candidate Support Office	Sought: House District: 00
	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbut 275249.85  Disbut 2014	rsement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	102.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date  Signature	

Schedule E)	TI EXI END	TOTILO		PAGE 17 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of P	ublic Distribution/Dissemination
Sheri J Peace			M 11	13 / 2014
Mailing Address 9685 Paula St			Amount	
City	State	Zip Code		80.00
Keithville	LA	71047		on ID: 50b8e9ae-7cc5-4b65-8 visbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	13 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , , 2	275249.85	Disbursement For 2014 Other	or: Primary X General  · (specify) ▶
Full Name of Payee			Date of F	Public Distribution/Dissemination
Sheri J Peace			M 11	13 / 2014
Mailing Address 9685 Paula St			Amount	
City	State	Zip Code		23.40
Keithville	LA	71047		on ID : 3e981a68-5dce-43cb-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	275249.85	Disbursement Fo	or: Primary X General r (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditure	es			103.40
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expend	itures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 9				

Sch	edule E)	. EXI END	101120		PAGE 18 OF 42 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC				C C00530766
					M = M / D = D / Y = Y = Y
Chec	k if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	
F	ull Name of Payee Jessica R Resendiz				of Public Distribution/Dissemination
	Mailing Address 9685 Paula St			L	11 13 2014
	5 V V V Soos Faula St			Amo	unt
C	Pity	State	Zip Code		90.00
	Keithville	LA	71047		saction ID: 29f9f504-8d84-42af-a of Disbursement or Obligation
_	Purpose of Expenditure Salary		Category/ Type 001		11 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ν	lame of Federal Candidate		Support	Office Soug	ht: House District: 00
N	Ms. Mary L Landrieu		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	2	75249.85	Disburseme	ent For: Primary X General Other (specify) ▶
	Full Name of Payee			Date	of Public Distribution/Dissemination
	Jessica R Resendiz				M   M / D   D / Y   Y   Y   Y   Y   Y   Y   Y   Y   Y
N	Mailing Address 9685 Paula St			I	11 13 2014
	3330 1 44/4 21			Amo	ount
C	Dity	State	Zip Code		22.20
	Keithville	LA	71047	Trans Date	saction ID: e0f20db2-a891-47d0-b e of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	] [	11 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
١	Name of Federal Candidate		Support	Office Soug	ght: House District: 00
ľ	Ms. Mary L Landrieu		X Oppose	Presi	dent X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	<b>y y</b>	275249.85	Disburseme 2014	ent For:  Primary
(a)	SUBTOTAL of Itemized Independent Expenditure	9S			112.20
(b)	) SUBTOTAL of Unitemized Independent Expendit	ures		· •	7 1 7 1 7
(c)	TOTAL Independent Expenditures			•	
wit	der penalty of perjury I certify that the independent, or at the request or suggestion of, any candidatry committee) any political party committee or its	te or authorized			
	Ms. Emily Buchanan	[Electroni	ically Filed] Date	, 11 /	15 2014
	Signature				

Schedule E)				PAGE 19 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends re	eport file	ed on M = M / D = D / Y = Y = Y
Full Name of Payee				Date of Public Distribution/Dissemination
Hannah J Landry				11 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1110 N Coolidge				Amount
City State	Э	Zip Code		112.50
Gonzales LA		70737		Transaction ID: 28e7a601-03d0-4db5-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 0	01	11 13 / 2014
Name of Federal Candidate		Support	Offic	ce Sought: House District: 00
Ms. Mary L Landrieu		X Oppose		President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	75249.85	Dist 201	oursement For: Primary General  Other (specify)
Full Name of Payee				Date of Public Distribution/Dissemination
Hannah J Landry				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1110 N Coolidge				Amount
City State	e	Zip Code		27.66
Gonzales LA		70737		Transaction ID: b78d9ec3-ea7f-4f18-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 00	)2	11 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	t Offi	ce Sought: House District: 00
Ms. Mary L Landrieu		X Oppose		President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		275249.85	Disi 201	bursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures				140.16
				7 7
(b) SUBTOTAL of Unitemized Independent Expenditures			····· <b>&gt;</b>	
(c) TOTAL Independent Expenditures			····· <b>&gt;</b>	
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.	authorized			
Ms. Emily Buchanan Signature	[Electroni	cally Filed]	ate	11 15 / 2014

ooneduic L)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	ate of Public Distribution/Dissemination
Cynthia N Schmit	11 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2226 Taft Circle Apt 1	mount
City State Zip Code	20.00
Winchester VA 22601 Tr	ransaction ID : a010b18d-8e76-4563-b ate of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	11 13 2014
Name of Federal Candidate Support Office Sc	ought: House District: 00
Ms. Mary L Landrieu Pre	esident State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburser 275249.85  Disburser 2014	ment For:
Full Name of Payee Mary C Lee	ate of Public Distribution/Dissemination
Waly C Lee	11 13 / 2014
Mailing Address 1030 N Coolidge Ave	mount
City State Zip Code	112.50
	ansaction ID : 30ae9016-996d-41e8-9 ate of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	M 1 1 1 2 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Ms. Mary L Landrieu Oppose Pre	esident State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburse 275249.85	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	132.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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OF

Schedule E)	IN EXILIND	ITOTILO		PAGE 21 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on /	D = D / Y = Y = Y
Full Name of Payee			Date of Public	: Distribution/Dissemination
Mary C Lee			M M /	13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1030 N Coolidge Ave			Amount	
City	State	Zip Code		27.66
Gonzales	LA	70737		D: 4b4198e4-4e38-4b1d-b rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		275249.85	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Michael B Fuhrmann			11	13 / 2014
Mailing Address 329 Columbia St			Amount	
City	State	Zip Code		50.00
Shreveport	LA	71104		9: 966266dc-b8b2-421f-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	275249.85	Disbursement For: 2014 Other (sp	Primary X General ecify) ►
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			77.66
			7	7 -
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 15	2014

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report	M = M / D = D / Y = Y = Y
Full Name of Payee Michael B Fuhrmann		Date of Public Distribution/Dissemination
		11 13 2014
Mailing Address 329 Columbia St	A	mount
City	State Zip Code	16.20
Shreveport		ransaction ID : 6b82e1c3-bfc0-43ea-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 13 / 2014
Name of Federal Candidate	Support Office S	ought: House District: 00
Ms. Mary L Landrieu	Oppose Pr	resident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	275249.85 Disburse 2014	ement For: Primary
Full Name of Payee Jennifer F Gilbert	[	Date of Public Distribution/Dissemination
Mailing Address 180 McNeil Steep Hollow Rd	A	11 13 2014 Amount
City	State Zip Code	55.00
Carriere	MS 39426 <b>Tr</b>	ransaction ID: 12e5a342-88fb-4df5-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ 001	11 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office S	lought: House District: 00
Ms. Mary L Landrieu	Oppose P	resident State: LA State:
Calendar Year-To-Date Per Election for Office Sought	275249.85 Disburse 2014	ement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	······	71.20
(b) SUBTOTAL of Unitemized Independent Expenditure	es	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 11	15 2014
Signature		

PAGE

OF

Schedule E)	PENT EXTEND	TIONES	PAGE 23 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Jennifer F Gilbert			Date of Public Distribution/Dissemination
Mailing Address 180 McNeil Steep Hollow Rd			11 13 2014 Amount
City	State	Zip Code	38.10
Carriere	MS	39426	Transaction ID : e2b55f7d-dc20-4ba3-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		275249.85	Disbursement For: Primary General  2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Colton R Overcash			11 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 121 Ohara Dr			Amount
City	State	Zip Code	120.00
Salisbury	NC	28147	Transaction ID : 12755e84-db29-40ce-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 13 / Y 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		275249.85	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		. ▶ 158.10
(b) SUBTOTAL of Unitemized Independent Exp	penditures		. •
			4 4
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S.g. accio			

Sc	hedule E)	LXI LIVE			PAGE 24 OF 42 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
 Che	eck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
T	Full Name of Payee Colton R Overcash			Date of	of Public Distribution/Dissemination
				M	11 / 13 / Y Y Y Y Y Y Y
	Mailing Address 121 Ohara Dr			Amou	nt
ŀ	City	State	Zip Code		247.20
	Salisbury	NC	28147		action ID: 603ef432-d481-47a8-a of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		11 13 / 2014
Ī	Name of Federal Candidate		Support	Office Sough	t: House District:00
	Ms. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, , , 2	275249.85	Disbursemen 2014 O	tt For:
	Full Name of Payee			Date	of Public Distribution/Dissemination
	Christopher Marquess			N.	11 12 7014
1	Mailing Address 110 W Pecan St			L	11 13 2014
	TIO W FEGALI St			Amou	int
Ì	City	State	Zip Code		50.00
	Ville Platte	LA	70586		action ID: 069284bf-c035-4250-b of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	N	11 13 / 2014
Ī	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
	Ms. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	,,	275249.85	Disbursemen 2014	nt For: Primary X General Other (specify) ▶
(	(a) SUBTOTAL of Itemized Independent Expenditures	S		<b>•</b>	297.20
(	(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		. •	
(	(c) TOTAL Independent Expenditures			•	
٧	Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	M M /	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		_ i buto		

Schedule E)		101120		PAGE 25 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour	report New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Christopher Marquess			M = M	lic Distribution/Dissemination
Mailing Address 110 W Pecan St			Amount	13 2014
City	State	Zip Code		34.80
Ville Platte	LA	70586		ID: ec158b45-4067-4cb8-8 pursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 11	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	75249.85	Disbursement For: 2014 Other (s	Primary ⊠ General specify) ►
Full Name of Payee Christopher Marquess			Date of Pub	olic Distribution/Dissemination
Mailing Address 110 W Pecan St			Amount	
City	State	Zip Code		50.00
Ville Platte	LA	70586		ID: 8fa4e610-d06a-41b5-8 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 M	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		275249.85	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent	Expenditures		<b>•</b>	84.80
(b) SUBTOTAL of Unitemized Independen	nt Expenditures		. •	79
(c) TOTAL Independent Expenditures			·	7 1 7
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed] Date	M M / D 15	2014
Signature				

Scł	nedule E)	LIVE	TOTILO		PAGE 26 OF 42 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	ck if X 24-hour report 48-hour report N	lew repo	ort Amends re	port filed	on M = M / D = D / Y = Y = Y
_					
	Full Name of Payee Christopher Marquess				Date of Public Distribution/Dissemination  11 13 2014
١	Mailing Address 110 W Pecan St				Amount
H	City State		Zip Code		34.80
	Ville Platte LA		70586		Transaction ID: 75a98e79-6111-4645-9 Date of Disbursement or Obligation
١	Purpose of Expenditure Mileage		Category/ Type 00	)2	11 13 / 2014
ı	Name of Federal Candidate		Support	Office	e Sought: House District: 00
	Ms. Mary L Landrieu		X Oppose		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	. 2	75249.85	Disbu 2014	ursement For:
Γ	Full Name of Payee				Date of Public Distribution/Dissemination
	Nicholas O Wilcox				11 13 2014
ŀ	Mailing Address 1981 Cherokee St				
					Amount
ŀ	City State		Zip Code		53.00
	Baton Rouge LA		70806		Transaction ID: 4ba7d060-f229-4ad1-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 00	1	11 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Offic	e Sought: House District: 00
	Ms. Mary L Landrieu		X Oppose		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	-	275249.85	Disbi 2014	ursement For:
(8	a) SUBTOTAL of Itemized Independent Expenditures			···· <b>&gt;</b>	87.80
(l	b) SUBTOTAL of Unitemized Independent Expenditures			···· <b>•</b>	7 7 7
(0	C) TOTAL Independent Expenditures			····· <b>&gt;</b>	
W	Inder penalty of perjury I certify that the independent experrith, or at the request or suggestion of, any candidate or autarty committee) any political party committee or its agent.				
	Ms. Emily Buchanan	Electron	ically Filed] Da	ate 1	1 15 2014
	Signature				

Schedule E)	. EXI END			PAGE 27 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	Naw yar	t Amanda yana	wt filed on	M / D D / Y Y Y Y Y
	New repo	ort Amends repo	ort filed on	
Full Name of Payee Nicholas O Wilcox			M	f Public Distribution/Dissemination
Mailing Address 1981 Cherokee St			Amoun	
City	State	Zip Code		7.50
Baton Rouge	LA	70806		nction ID : 2b9392e5-bb85-43cc-a f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, , , , 2	275249.85	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee			Date o	f Public Distribution/Dissemination
Julia Perry				11 13 2014
Mailing Address 2046 Perrin St Apt C				10 2017
			Amour	nt
City	State	Zip Code		80.00
Shreveport	LA	71101	Transac Date o	ction ID : 8bcaf135-0587-42cb-8 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 13 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Mary L Landrieu		Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	275249.85	Disbursement 2014 Ot	For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditure	s		•	87.50
(b) SUBTOTAL of Unitemized Independent Expendit	ures		•	7 7 7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / /	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)	VI EXI END	ITOTILO		PAGE 28 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on /	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Julia Perry			M M /	13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2046 Perrin St Apt C			Amount	
City	State	Zip Code		12.00
Shreveport	LA	71101		D: b65af7a7-309c-4ab9-9 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , ,	275249.85	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Joshua J Huffman			M M /	13 / 2014
Mailing Address 211 Dixie Ave			Amount	
City	State	Zip Code		60.00
Harrisonburg	VA	22801		D: bcee97de-4cea-4c6a-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	275249.85	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res			72.00
			7	7 7
(b) SUBTOTAL of Unitemized Independent Expend	itures		<b>•</b>	
(c) TOTAL Independent Expenditures			<b>)</b>	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 15	2014
- 9				

	neddic E)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	C C00530766
Ch	eck if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
٦	Full Name of Payee	Date of Public Distribution/Dissemination
	ERIC TABÁRY	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 6101 NORA ST	Amount
	City State Zip Code	40.00
	METAIRIE LA 70003	Transaction ID: b1137f2e-8375-4271-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	11 13 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 275249.85  Disbut 2014	rsement For: Primary ⊠ General  Other (specify) ▶
	Full Name of Payee	Date of Public Distribution/Dissemination
	ERIC TABARY	11 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 6101 NORA ST	Amount
	City State Zip Code	0.60
	METAIRIE LA 70003	Transaction ID: 817aa7a8-a5a9-4a61-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	11 13 / 2014
	Name of Federal Candidate Support Office	e Sought: House District:00
		President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 275249.85	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	40.60
	(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	1 15 2014
	Signature	

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OF

Schedule E)				PAGE 30 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Philip Elkins			M = M /	Distribution/Dissemination
Mailing Address 227 Lincoln Dr			Amount	13 2014
City	State	Zip Code		50.00
Bossier City	LA	71111		D: 3ba006ea-84f5-4a97-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		75249.85	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶
Full Name of Payee Philip Elkins			M = M /	Distribution/Dissemination
Mailing Address 227 Lincoln Dr			Amount	13 2014
City	State	Zip Code		11.46
Bossier City	LA	71111		: 94066d77-730e-4d68-b rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	275249.85	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures	S		<b>•</b>	61.46
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 15	2014

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if X 24-hour report 48-hour report New report Amends report filed	d on M M M / D D / Y Y Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Francis Richardson	11 13 2014
	Mailing Address 220 Doucet Rd	Amount
	City State Zip Code	51.00
	Lafayette LA 70503	Transaction ID : a0e0539c-933d-45e3-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	11 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disb 275249.85  2014	
		U Other (specify) ►
	Full Name of Payee Francis Richardson	Date of Public Distribution/Dissemination
	Mailing Address 220 Doucet Rd	11 13 2014 Amount
	City State Zip Code	3.21
	Lafayette LA 70503	Transaction ID : e655d43d-6365-4ae9-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	11 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disb. 275249.85	oursement For: Primary General  Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	54.21
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	(7) ( 1) 7) 11	11 15 2014
	Signature	للنسا للا

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OF

Schedule E)				PAGE 32 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-	hour report New report	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Brogan A Benoit			M M	olic Distribution/Dissemination
Mailing Address 7144 South River	Rd		Amount	13 2014
City	State	Zip Code		60.00
Addis	LA	70710		n ID : 58a580fa-3a21-492f-9 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	275249.85	Disbursement For: 2014 Other (	Primary ⊠ General
Full Name of Payee Brogan A Benoit			Date of Pul	blic Distribution/Dissemination
Mailing Address 7144 South Riv	er Rd		11	13 2014
			Amount	
City	State	Zip Code		7.80
Addis  Purpose of Expenditure	LA	70710	Transaction Date of Dis	ID: 4398b26e-bd75-49ca-b sbursement or Obligation
Mileage		Category/ Type 002	11	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	275249.85	Disbursement For: 2014 Other (	Primary
(a) OUDTOTAL of Harrison Industry	deat Forest Character			07.00
(a) SUBTOTAL of Itemized Indeper	ident Expenditures		· <b>-</b>	67.80
(b) SUBTOTAL of Unitemized Indep	pendent Expenditures		· •	7
(c) TOTAL Independent Expenditure	es		<b>&gt;</b>	7 1 7 1 7
Under penalty of perjury I certify th with, or at the request or suggestion party committee) any political party	n of, any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	11 / 15	
Signature		_		

			FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PA	.C		C C00530766
Check if 24-hour report	48-hour report New rep	ort Amends report file	d on M = M / D = D / Y = Y = Y
Full Name of Payee			Date of Public Distribution/Dissemination
Cynthia J Christmas			11 13 2014
Mailing Address 1731 French	men St		Amount
City	State	Zip Code	90.00
New Orleans	LA	70116	Transaction ID : fea74645-495d-4993-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support Office	ce Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office S	ought	Disb 275249.85 2014	oursement For: Primary General  Other (specify)
Full Name of Payee			Date of Public Distribution/Dissemination
Cynthia J Christmas			11 13 2014
Mailing Address 1731 Fren	chmen St		Amount
City	State	Zip Code	9.00
New Orleans	LA	70116	Transaction ID : 450702a1-c325-49d4-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 13 2014
Name of Federal Candidate		Support Office	ce Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office S	ought	275249.85 Disk 201	oursement For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Inc	dependent Expenditures	·····	99.00
(b) SUBTOTAL of Unitemized	Independent Expenditures	····	
(c) TOTAL Independent Exper	nditures	<b>•</b>	
	estion of, any candidate or authorized		nade in cooperation, consultation, or concert er, or (if the reporting entity is not a political
Ms. Emily Buchana		ically Filed] Date	11 15 2014
Signature			

PAGE

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OF

Sch	nedule E)	, EM E. 15.	10.120		PAGE 34 OF 42 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC				C C00530766
Chec	ck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	- M / D - D / Y - Y - Y - Y
	Full Name of Payee Elvis Spears				of Public Distribution/Dissemination
N	Mailing Address 2150 Hope St			Amou	11 13 2014 nt
	City	State	Zip Code		40.00
	New Orleans	LA	70119		action ID : 567df565-70ce-47df-8 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 13 7 2014
N	Name of Federal Candidate		Support	Office Sough	t: House District: 00
	Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	2	275249.85	Disbursemen 2014 O	tt For:
	Full Name of Payee Elvis Spears				of Public Distribution/Dissemination
N	Mailing Address 2150 Hope St			Amou	11 13 2014 Int
	City	State	Zip Code		10.20
	New Orleans	LA	70119	Transa Date	action ID: 7f6f3132-b8ee-496f-8 of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	, I	11 / 13 / 2014
	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
	Ms. Mary L Landrieu		Oppose	Preside	ent X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		275249.85	Disbursemen 2014 O	nt For:
(a	a) SUBTOTAL of Itemized Independent Expenditures	÷S		>	50.20
(b	s) SUBTOTAL of Unitemized Independent Expenditu	ures		· •	
(c	e) TOTAL Independent Expenditures			>	7
wit	nder penalty of perjury I certify that the independer ith, or at the request or suggestion of, any candidat arty committee) any political party committee or its a	ite or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 11	15 2014
	Signature				

Sch	edule E)		1101120		PAGE 35 OF 42 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)	-			FEC IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC				C C00530766
Chec	ck if $X$ 24-hour report 48-hour report	New repo	port Amends re	port filed	on M M / D D / Y Y Y Y Y
	Full Name of Payee Timothy Foley				Date of Public Distribution/Dissemination
N	Mailing Address 20679 Glenbrook Terrace				11 13 2014 Amount
C	Dity State		Zip Code		40.00
	Sterling VA		20165		Transaction ID: 4ffc283a-a7cb-4da3-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 00	01	11 13 / 2014
N	Name of Federal Candidate		Support	Office	Sought: House District: 00
N	Ms. Mary L Landrieu		Oppose		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	2	275249.85	Disbu 2014	rsement For: Primary X General  Other (specify) ▶
	Full Name of Payee Gage Blank				Date of Public Distribution/Dissemination
N	Mailing Address 5342 Eudora Dr				11 13 2014 Amount
	City State	<del></del>	Zip Code		40.00
_	Addis LA		70710		Transaction ID : 52de7902-753e-4c8a-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 00	)1	11 13 / 2014
٨	Name of Federal Candidate		Support	Office	e Sought: House District: 00
_ N	Ms. Mary L Landrieu		X Oppose		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		275249.85	Disbu 2014	ursement For: Primary X General  Other (specify) ▶
(a)	) SUBTOTAL of Itemized Independent Expenditures				80.00
(b)	substotal of Unitemized Independent Expenditures			····· <b>&gt;</b>	
(c)	) TOTAL Independent Expenditures			······ <b>&gt;</b>	
wit	nder penalty of perjury I certify that the independent expeth, or at the request or suggestion of, any candidate or a arty committee) any political party committee or its agent.	authorized			
		[Electron	nically Filed] De	ate 1	1 15 2014
	Signature				

Schedule E)	DEI ENDENT EXI END			PAGE 36 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
			M = M	/ D D / Y Y Y Y
Check if 24-hour report 48	-hour report New repo	ort Amends repo	ort filed on	
Full Name of Payee Gage Blank				olic Distribution/Dissemination
Mailing Address 5342 Eudora Dr			11	13 2014
5342 Eudora Dr			Amount	
City	State	Zip Code		4.50
Addis	LA	70710		n ID: 1eae0e08-144a-4091-9 bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	13 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sough	t 2	75249.85	Disbursement For: 2014 Other (	Primary
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Laura U Logie			11	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2565 Shire Circ	cle		Amount	
City	State	Zip Code		30.00
Harrisonburg	VA	22801	Transaction Date of Dis	ID: 1281bf90-7286-486f-8 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	13 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sough	t	275249.85	Disbursement For: 2014 Other (	Primary X General specify) ▶
(a) SUBTOTAL of Itemized Independent	ndent Expenditures		. ▶	34.50
(b) SUBTOTAL of Unitemized Inde	pendent Expenditures		· •	
(c) TOTAL Independent Expenditur	es		<b>•</b>	7 7 7
Under penalty of perjury I certify the with, or at the request or suggestion party committee) any political party	n of, any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / D 15	
Signature				

		FOR SE OF FORM 24/48				
	IAME OF COMMITTEE (In Full)  Marrian Specific Out DAC					
VV	omen Speak Out PAC	C C00530766				
Che	ck if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y Y				
Т	Full Name of Payee	Date of Public Distribution/Dissemination				
	Carl Brent	11 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Mailing Address 6718 Lake Willow Dr	Amount				
ŀ	City State Zip Code	80.00				
	New Orleans LA 70126	Transaction ID: 3d44b008-8d05-4bb1-8 Date of Disbursement or Obligation				
	Purpose of Expenditure Salary  Category/ Type 001	11 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
t	Name of Federal Candidate Support Office	e Sought: House District: 00				
	Ms. Mary L Landrieu	President State: LA				
	Calendar Year-To-Date Per Election for Office Sought  Disbut 275249.85	ursement For: Primary				
ľ	Full Name of Payee  Carl Brent	Date of Public Distribution/Dissemination				
-	Mailing Address 6718 Lake Willow Dr	11 13 2014 Amount				
1		Amount				
ľ	City State Zip Code	11.70				
	New Orleans LA 70126	Transaction ID: 6f18a09f-188a-4dd0-b Date of Disbursement or Obligation				
	Purpose of Expenditure Mileage  Category/ Type  002	11 / 13 / 2014				
ŀ	Name of Federal Candidate Support Office	e Sought: House District: 00				
	Ms. Mary L Landrieu Oppose	President State: LA				
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary X General  Other (specify) ▶				
(a	a) SUBTOTAL of Itemized Independent Expenditures	91.70				
(b) SUBTOTAL of Unitemized Independent Expenditures						
(	C) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	Ms. Emily Buchanan  [Electronically Filed] Date	1 15 2014				
	Signature					

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OF

Schedule E)		1101120		PAGE 38 OF 42 FOR SE OF FORM 24/48	
IAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼					
Women Speak Out PAC				C C00530766	
Check if 24-hour report 48-hour repor	rt New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y	
Full Name of Payee			Date of	Public Distribution/Dissemination	
Carl Brent			1		
Mailing Address 6718 Lake Willow Dr			Amount		
City	State	Zip Code		80.00	
New Orleans	LA	70126		ction ID: 9a76b52c-c03e-4ef2-a Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	M 1	M / D D / Y Y Y Y	
Name of Federal Candidate		Support	Office Sought:	House District:00	
Ms. Mary L Landrieu		X Oppose	Presiden		
Calendar Year-To-Date Per Election for Office Sought		275249.85	Disbursement I	For: Primary X General er (specify) ▶	
Full Name of Payee			Date of	Public Distribution/Dissemination	
Carl Brent			M 1		
Mailing Address 6718 Lake Willow Dr			Amount	لىنىا لنا ك	
City	State	Zip Code		11.70	
New Orleans	LA	70126		tion ID : 671334c8-3297-48b7-8 Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002		M / D D / Y Y Y Y	
Name of Federal Candidate		Support	Office Sought:	House District:00	
Ms. Mary L Landrieu		X Oppose	Presiden		
Calendar Year-To-Date Per Election for Office Sought		275249.85	Disbursement 2014 Oth	For: Primary X General er (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expe	enditures		•	91.70	
(b) SUBTOTAL of Unitemized Independent Expenditures					
(b) SOBTOTAL OF STREETILES INCOPERIORIE EXPERIORIES					
(c) TOTAL Independent Expenditures			•	7 1 7 1 7	
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized				
Ms. Emily Buchanan	[Electron	nically Filed] Date		15 2014	
Signature		_			

	medule Ly	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)  Woman Charles Out DAC					
۷۱	Vomen Speak Out PAC	C C00530766			
Ch	eck if 24-hour report 48-hour report New report Amends report filed	I on M = M / D = D / Y = Y = Y			
	Full Name of Payee	Date of Public Distribution/Dissemination			
	Christine Stevens	11 13 / 2014			
	Mailing Address 100 Asbury Ct	Amount			
	City State Zip Code	70.00			
	Winchester VA 22602	Transaction ID: e6049c80-52f9-44a9-8 Date of Disbursement or Obligation			
	Purpose of Expenditure Salary  Category/ Type  001	11 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Name of Federal Candidate Support Office	e Sought: House District: 00			
	Ms. Mary L Landrieu Oppose	President State: LA			
	Calendar Year-To-Date Per Election for Office Sought  Disbut 275249.85  Disbut 275249.85				
		Other (specify)			
	Full Name of Payee  Jazmine d Conner	Date of Public Distribution/Dissemination			
	Mailing Address 100 ASBURY CT	11 13 2014 Amount			
	City State Zip Code	70.00			
	WINCHESTER VA 22602	Transaction ID : a65e8322-4bc5-48cc-a Date of Disbursement or Obligation			
	Purpose of Expenditure Salary  Category/ Type  001	11 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Name of Federal Candidate Support Office	e Sought: House District: 00			
		President State: LA			
	Calendar Year-To-Date Per Election for Office Sought  Disbut 275249.85	ursement For:			
	(a) SUBTOTAL of Itemized Independent Expenditures	140.00			
(b) SUBTOTAL of Unitemized Independent Expenditures					
	(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
		1 15 2014			
	Signature				

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OF

Schedule E)		/LIVI L/XI LITE	1101120		PAGE 40 OF 42 FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼					
Women Speak Out PAC					C C00530766
Check if X 24-hou	ur report 48-hour report	New rep	port Amends repo	ort filed on	M
Full Name of Pa				Date	of Public Distribution/Dissemination
Jon E Con					11 13 / 2014
Mailing Address	100 Asbury Ct			Amou	int
City		State	Zip Code	$-\Gamma$	70.00
Winchester		VA	22602		saction ID: a1ae4c82-fba8-4152-9 of Disbursement or Obligation
Purpose of Expe Salary	enditure		Category/ Type 001		11 13 / 2014
Name of Federa	l Candidate		Support	Office Sough	nt: House District:00
Ms. Mary L Land	drieu		X Oppose	Preside	
Calendar Ye Per Election	ear-To-Date n for Office Sought	7 7	275249.85	Disbursemen 2014	nt For:
Full Name of Pa				Date	of Public Distribution/Dissemination
Rodney O	Sulbreath				11 13 2014
Mailing Address	100 Asbury Ct				11 13 2014
1	100 / 100 61 / 01			Amou	unt
City		State	Zip Code		70.00
Winchester		VA	22602		action ID : db61e0be-5a09-435d-9 of Disbursement or Obligation
Purpose of Expe Salary	enditure		Category/ Type 001		11 / 13 / 2014
Name of Federa	al Candidate		Support	Office Sough	nt: House District: 00
Ms. Mary L Land	drieu		Oppose	Presid	
	ear-To-Date n for Office Sought		275249.85	Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Indep	endent Expenditures			•	
with, or at the red		andidate or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms.	Emily Buchanan	[Electron	nically Filed] Date	M M /	15 2014
Signature			_		

Schedule E)	<b>L</b> /(: L:(2)			PAGE 41 OF 42 FOR SE OF FORM 24/48	
IAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼					
Women Speak Out PAC				C C00530766	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y Y	
Full Name of Payee Rodney D Culbreth			M	f Public Distribution/Dissemination	
Mailing Address 100 Asbury CT			Amoun	11 13 2014 t	
3200 Dam Neck Rd					
City Simulation Simula	State VA	Zip Code 22602		70.00  ction ID: e4815f4b-8757-4267-9  Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	M	11 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		Support	Office Sought:	House District:00	
Ms. Mary L Landrieu		X Oppose	Presider		
Calendar Year-To-Date Per Election for Office Sought	2	275249.85	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶	
Full Name of Payee Rze Culbreath			M	f Public Distribution/Dissemination	
Mailing Address 100 Asbury Ct			Amoun	لىنىا لنا ك	
City	State	Zip Code		70.00	
Winchester	VA	22602		ction ID : e37cd8b6-6932-476d-8 f Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001		11 13 / Y Y Y Y Y Y	
Name of Federal Candidate		Support	Office Sought	: House District:00	
Ms. Mary L Landrieu		X Oppose	Preside		
Calendar Year-To-Date Per Election for Office Sought		275249.85	Disbursement 2014 Otl	For:	
(a) SUBTOTAL of Itemized Independent Expenditures.			<b>.</b>	140.00	
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures			· [	4	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized				
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M /	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature					

Schedule E)	PAGE 42 OF 42 FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full)  FEC IDENTIFICATION NUMBER ▼						
Women Speak Out PAC  C C00530766						
Check if $X$ 24-hour report 48-hour report New report Amends r	report filed on					
Full Name of Payee Brieshauna M Stevens	Date of Public Distribution/Dissemination					
Mailing Address 1703 Torrey Pines Ct	11 13 2014 Amount					
City State Zip Code  Reston VA 20190	40.00 Transaction ID : ebfbc077-2609-451d-a					
Purpose of Expenditure  Salary  Category/	Date of Disbursement or Obligation  11 13 2014					
Name of Federal Candidate  Type  Suppor						
Ms. Mary L Landrieu Oppose	President State: LA					
Calendar Year-To-Date Per Election for Office Sought 275249.85	Disbursement For:  Primary  General 2014  Gther (specify) ▶					
Full Name of Payee	Date of Public Distribution/Dissemination					
Mailing Address	Amount					
City State Zip Code						
Purpose of Expenditure  Category/ Type	Date of Disbursement or Obligation					
Name of Federal Candidate  Suppor  Oppose						
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General  Other (specify) ▶					
(a) SUBTOTAL of Itemized Independent Expenditures	40.00					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures	3702.61					
Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or ager party committee) any political party committee or its agent.						
Ms. Emily Buchanan  [Electronically Filed]  Signature	Date 11 / 15 / 2014					